

Standard Form No. 1034—Revised,
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 61, Supp. No. 11)
(Amended February 20, 1952)

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. 39U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY	
<i>Encl #3</i>	
DPD-2027-59	
COPY 1 OF 2	

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$1,958.	57
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>							
Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total <u>\$1,958.57</u>							
I certify that the above bill is correct and just and that payment has not been received. <div style="float: right;">(Payee must NOT use this space)</div>							
(Sign original only) <div style="float: right;">Differences _____</div>							
Date <u>3-19-59</u> *Payee _____ <div style="float: right;">Amount verified; correct for <u>\$1,958.57</u></div>							
Title _____ <div style="float: right;">(Signature or initials) <u>EL</u></div>							
Contract No. <u>NY-A-501</u> Date _____ Reg. No. _____ Date _____ Invoice Rec'd. _____							

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

25X1

Paid by { Check No. _____ Date _____ } on Treasurer of the United States in favor of
 { Cash, \$ _____, on _____, 19____ } (payee named above).
 Payee _____ (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
 † If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____
 Title _____

**Public Voucher for Purchases and
 Services, Other Than Personal**

CONTINUATION SHEET

U. S. _____ Sheet No. 1 of Bureau Voucher No. 39
 (Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract <u>ay-a-501</u> (CDP-4)					
		Direct Costs Properly Chargeable to Contract _____ for the period 1-1-59 thru 2-28-59					
<u>MJO 4044-07</u>					Research & Development		<u>Total</u>
		Other Direct Costs: JV 019143		1,689.53			
		JV 029143		10.56		1,700.09	
		G & A expense computed at interim rate of 6.6% of \$1,700.09					<u>112.21</u>
		Total Billing				✓ 1,812.30	

For
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 61, Supp. No. 11)

Public Voucher for Purchases and Services Other Than Personal

CONTINUATION SHEET

U. S. _____ Sheet No. 2 of Bureau Voucher No. 39
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract <u>hy-A-501</u> (CDP-4)					
		Direct Costs Properly Chargeable to Contract _____ for the period 2-1-59 thru 2-28-59					
<u>MJO 4049</u>					Research & Development		<u>Total</u>
Other Direct Costs - JV 029143					<u>137.21</u>		137.21
G & A expense computed at interim rate of 6.6% of \$137.21							<u>✓ 9.06</u>
Total Billing							<u>✓ 146.27</u>